

Yacht Insurance Application

Named Insured:		Date of Birth:	
If Corporate, Beneficial Owner:		Occupation:	
Street Address:		Phone Number:	
City, State, Zip:		Home:	
		Work:	
		Cell:	
Driver's License Number:		DL State:	Email:
YACHT DESCRIPTION			
Year Built:	Length:	Manufacturer/Builder:	Model:
			Hull Identification Number:
Name of Yacht:		Florida Registration <input type="checkbox"/> Yes <input type="checkbox"/> No	Vessel Flag:
		FL #	Date Purchased:
			Purchase Price:
Type: <input type="checkbox"/> Power <input type="checkbox"/> Multi -hull <input type="checkbox"/> Sail <input type="checkbox"/> Houseboat	Construction: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Kevlar/Carbon Fiber <input type="checkbox"/> Steel <input type="checkbox"/> Other		Use: <input type="checkbox"/> Private Pleasure <input type="checkbox"/> Captain Charter <input type="checkbox"/> Bare Boat Charter <input type="checkbox"/> Racing
Engine Manufacturer / Model:		Year Built:	Serial Number(s):
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Gas	Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Outboard <input type="checkbox"/> I / O <input type="checkbox"/> Pod Drive	Engine(s): <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Quad	Horsepower (each): Max Speed (MPH):
		Fuel Tanks: <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass	Auxiliary Generator: Diesel <input type="checkbox"/> Gas <input type="checkbox"/>
Navigation / Safety Equipment/ Security:			
<input type="checkbox"/> Auto Fire Ext. <input type="checkbox"/> Fume Detector <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Depth Finder <input type="checkbox"/> Auto Pilot Number of Hand Held Fire Extinguishers <input type="checkbox"/>			
<input type="checkbox"/> Engine Alarm <input type="checkbox"/> VHF Radio <input type="checkbox"/> Theft Alarm <input type="checkbox"/> Tracking Device <input type="checkbox"/> Surveillance System <input type="checkbox"/> Locked/fenced enclosure			
<input type="checkbox"/> Secured building <input type="checkbox"/> Yacht Controller <input type="checkbox"/> Other:			
Current Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Survey:	<input type="checkbox"/> Afloat <input type="checkbox"/> Drydock	Name of Surveyor:
TRAINING/EXPERIENCE			
Years Boating Experience:	Boating Courses: <input type="checkbox"/> None <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> U.S. Coast Guard Auxiliary <input type="checkbox"/> Mariner's License Describe:		
Boats Previously Owned			
Dates owned	Manufacturer	Type	Size Waters Navigated
Other Operators: (List)		Age:	Experience:
			Driver's License Number:
Loss History (if none, state NONE)			
Details of any previous losses all operators:		Date	Cause Amount
Have you ever been convicted of a felony or DUI? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe: __)			
YACHT TENDER/PERSONAL WATERCRAFT/TRAILER (may be insured separately for an additional premium)			
Year:	Length:	Manufacturer:	Model:
			Hull ID Number:
Engine Year:	Engine Manufacturer:	Engine HP:	Engine Serial Number:
Trailer Year, Manufacturer & Model:		Serial Number:	No of Axles:
			Capacity:
		Stored on Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE COVERAGES REQUESTED			
Coverage	Amount of Insurance	Deductible	Named Windstorm Deductible
Yacht Hull and Machinery	\$	\$	
Tender & Outboard	\$	\$	
Trailer	\$	\$	
Liability (P&I)	\$	\$	
Medical Payments	\$	\$	
Personal Effects	\$	\$	
Uninsured Boaters	\$	\$	
Crew Liability	\$	\$	
Navigation Area: <input type="checkbox"/> East Coast U.S. <input type="checkbox"/> Florida <input type="checkbox"/> Bahamas <input type="checkbox"/> Turks/Caicos <input type="checkbox"/> Gulf of Mexico <input type="checkbox"/> Caribbean <input type="checkbox"/> Mediterranean <input type="checkbox"/> Other:			Lay Up Dates: From: To: <input type="checkbox"/> Ashore <input type="checkbox"/> Afloat
Mooring Locations: (Marina/Address, City, State, Zip Code) June 1 to November 30: December 1 to June 1:			
Storage: Dock/Slip <input type="checkbox"/> Trailer <input type="checkbox"/> Lift <input type="checkbox"/> Rack <input type="checkbox"/> Other: <input type="checkbox"/> (If other, please state):			
Lienholder name and address:			Loan Number: Loan Balance:
Additional Insured name and address :			
OTHER INFORMATION			
EXPLAIN All "Yes" Responses In Remarks:	Yes	No	Remarks:
Is yacht ever chartered to others with captain?			
If yes, is yacht owner operated?			
Is yacht ever chartered to others without captain?			
Is yacht used commercially or for business purposes? (explain)			
Do you employ a paid captain or crew? If so how many?			Number of full time crew: ____ part time: ____
Do you live aboard full-time?			
Has any carrier cancelled or non-renewed coverage?			
Is the yacht used for racing?			
For fare paying passenger vessels, advise the maximum/average # of passengers per trip ____/____ # of trips annually ____			

The completion and signing of this application does not bind the **APPLICANT** or this **COMPANY** to effect insurance on this risk; it is submitted for purposes of rating and quotation only. If accepted by this **COMPANY** it is agreed the information furnished herein shall be the basis of the contract should a policy be issued.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES.

Applicant Signature:	Date:	Producer:
Producer Signature:	Date:	
Current Insurer:		
Policy Effective Date:	Annual Premium: \$	